

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

Meeting Date: May 5, 2015 ☒ Consent ☐ Regular
Submitted by: FIRE RESCUE Workshop ☐ Public Hearing

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to ratify: a grant application for Stryker Power-Pro stretchers and stretcher loading systems to the Florida Department of Health Emergency Medical Services (EMS) 2014 Grant program requesting \$234,642 to fund the purchases of fire rescue equipment. The County shall be responsible for a 25% local match, or \$78,214 for a total project cost of \$312,856.

Summary: The 2014 Florida Department of Health Emergency Medical Services (EMS) Grant program provides emergency medical services providers, first responder organizations, and other emergency medical service related organizations with funds for projects to acquire, repair, improve, or upgrade emergency medical services systems, or equipment. Fire Rescue submitted an application for Stryker Power-Pro stretchers and stretcher loading systems.

If awarded the grant request, Fire Rescue will purchase eight (8) Stryker Power-Pro stretchers with an expandable patient surface and stretcher loading systems. By strategically placing a rescue with a Power Load unit in each battalion of the department we will ensure a quick response due to the extremely large geographic area of the county we provide service. The total weight of the Stryker Power Pro stretcher with the average patient and equipment is approx. 350 pounds. Our crews are loading and unloading patients with this amount of weight numerous times per day. The Power Load system supports the weight of the stretcher, patient and equipment during loading and unloading until the wheels are on the ground. By installing a stretcher loading system we will reduce the injuries to our personnel and improve patient safety by minimizing the potential for patient drops. The grant application requests \$234,642 from the grant program. Fire Rescue will be responsible for 25% of the local match, or \$78,214. The local match shall be funded from Fire Rescue's contingency reserve.

Grant rules require submission of grant applications by mail in order to assure an efficient review and competitive scoring of all funding requests submitted under this program. The deadline for submission of this grant application to the grantor agency was 4:00 p.m. on March 13, 2015. Due to the preparation time, submittal deadlines, and BCC meeting dates, the grant application had to be submitted prior to full Board approval. Pursuant to Section 309.00 of the Palm Beach County Administrative Code, the Mayor approved this grant application, which now must be ratified by the Board. The grant application includes certifications of compliance with required assurances and certifications, as stated in the application and related program guidance. Countywide (SB)

Background and Justification: A long range goal of the department is to standardize our entire fleet of 54 rescues with a Stryker Power Pro stretcher and a stretcher loading system which will ensure consistency and improve safety for both patients and personnel. We would be utilizing the same stretcher system regardless of the unit in service. In the event of an award, Fire Rescue will submit an agenda item for the grant award and a budget amendment to acknowledge receipt of the funds.

Attachments:

1. Grant Application to the Florida Department of Health Emergency Medical Services (EMS) Matching Grant Program and Related Documentation
2. Approval memo signed by the Mayor

Recommended By: [Signature] 4/12/15
Deputy Chief Date

Approved By: [Signature] 4/10/2015
Fire Rescue Administrator Date

Approved By: [Signature]
Assistant County Administrator Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2015	2016	2017	2018	2019
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<u>* See below</u>				
# ADDITIONAL FTE POSITIONS (Cumulative)	<u>0</u>	_____	_____	_____	_____

Is Item Included in Current Budget? Yes _____ No X

Budget Account No.: Fund 1300 Dept 440 Unit _____ Object _____

B. Recommended Sources of Funds/Summary of Fiscal Impact:

- * There is no Fiscal Impact at this time. Should the grant be awarded, a budget amendment will be brought to the Board for approval. The respective funding will be from the Fire Rescue Main MSTU (Fund 1300) contingency reserves for the required grant match \$78,214.

C. Departmental Fiscal Review: _____

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Dev. and Control Comments:

[Signature]
OFMB 4/14 SB 4/15

[Signature] 4/17/15
Contract Dev. and Control
4-17-15 [Signature]

B. Legal Sufficiency:

[Signature] 4/20/15
Assistant County Attorney

C. Other Department Review:

Department Director

THIS SUMMARY IS NOT TO BE USED AS A BASIS FOR PAYMENT.



Fire Rescue

Chief Jeffrey P. Collins
405 Pike Road
West Palm Beach, FL 33411
(561) 616-7000
www.pbcgov.com



**Palm Beach County
Board of County
Commissioners**

Shelley Vana, Mayor
Mary Lou Berger, Vice Mayor
Hal R. Valeche
Paulette Burdick
Steven L. Abrams
Melissa McKinlay
Priscilla A. Taylor

County Administrator

Robert Weisman

"An Equal Opportunity
Affirmative Action Employer"

Official Electronic Letterhead

TO: Honorable Shelley Vana, Mayor
and Board of County Commissioners


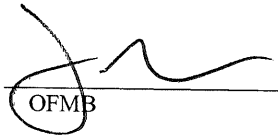
FROM: Jeffrey P. Collins, Fire Rescue Administrator
Palm Beach County Fire-Rescue

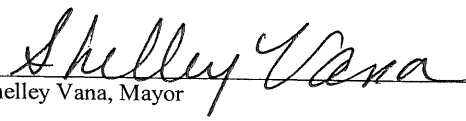
DATE: February 19, 2015

RE: **2014 Florida Department of Health
Emergency Medical Services (EMS) Matching Grant**

Pursuant to Section 309.00 of the Palm Beach County Administrative Code and PPM#CW-F-003, the signature of the Mayor of the Palm Beach County Board of County Commissioners is required for Fire Rescue's grant application to the Florida Department of Health (DOH) 2014 Emergency Medical Services Matching Grant Program (grant application attached). The application is due to DOH not later than March 13, 2015 and the required method for grant submission is only accepted by mail. The grant announcement and terms and conditions are also attached for your review. Due to the preparation time, submittal deadlines, and the Board meeting dates, this grant needs to be submitted prior to full Board approval.

The grant application is for a total of \$312,856, of which Palm Beach County Fire Rescue will be responsible for 25% of the federal share, which is \$78,214. Staff will submit this item for ratification on the Board's April 21, 2015 County Commission Agenda.

Reviewed by:  
County Attorney Date OFMB Date

Approved by: 
Shelley Vana, Mayor Date

Pursuant to Section 309.00 of the Palm Beach County Administrative Code, I hereby designate the Fire Rescue Administrator to submit the attached grant application.

Approved by:  3/2/15
Robert Weisman, County Administrator Date

Employee Health & Safety • Quality • Efficiency • Customer Service • Fiscal Sustainability

Mission:
To protect, promote & improve the health
of all people in Florida through integrated
state, county & community efforts.



Rick Scott
Governor

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

**ANNOUNCEMENT: THE FLORIDA EMERGENCY MEDICAL SERVICES (EMS) SECTION WILL
ACCEPT MATCHING GRANT APPLICATIONS BEGINNING NOVEMBER 14, 2014 AND
THE DEADLINE IS MARCH 13, 2015, 4:00 P. M. EASTERN DAYLIGHT SAVING TIME**

Over the past three years, Florida EMS awarded 139 matching grants totaling \$6.8 million.

You may submit more than one application but each original and its copies must be distinguishable if sent in one package. For each request, send your completed paper (A) original application and (B) Request for Grant Fund Distribution Form, and (C) four copies, to **ONE** of the following addresses. We will not accept applications via facsimile (fax) or e-mail attachment.

Mailing Address	Physical Address
EMS MATCHING GRANTS Attn: Alan Van Lewen DOH EMS Section, Grants 4052 Bald Cypress Way, A-22 Tallahassee, FL 32399-1722	EMS MATCHING GRANTS Attn: Alan Van Lewen DOH EMS Section, Grants 4042 Bald Cypress Way, 2nd Floor Tallahassee, Florida 32399-1748

Optional: In your application package cover letter, you may request to be, or recommend a person to be, a reviewer of matching grant applications. Reviewers will not evaluate applications in which they have, or may appear to have, an interest in the outcome.

You can obtain the application form from the state EMS grant website at the following address.

<http://www.floridahealth.gov/provider-and-partner-resources/ems-grants/index.html>

For your requests, questions, or assistance: telephone (850) 245-4440, extensions 2734, or 2782, or 2773, fax (850) 488-2512, or email at: Alan.VanLewen@flhealth.gov. However, Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your email communications may, therefore, be subject to disclosure (section 668.6076, *Florida Statutes*).

The Florida Department of Health, EMS Section, in the best interests of the state reserves the right to give awards, to reduce budgets, and to reject any and all applications.

Florida Department of Health
Bureau of Emergency Medical Oversight, EMS Section
4052 Bald Cypress Way, Bin A-22 • Tallahassee, FL 32399-1722
PHONE: (850) 245-4440, Ext. 2734 • FAX (850) 245-4378

www.FloridaHealth.gov
TWITTER: HealthyFLA
FACEBOOK: FLDepartmentofHealth
YOUTUBE: fldoh
FLICKR: HealthyFla
PINTEREST: HealthyFla



EMS MATCHING GRANT APPLICATION

**FLORIDA DEPARTMENT OF HEALTH
Emergency Medical Services Program**

Complete all items unless instructed differently within the application

Type of Grant Requested: ☐ Rural ☒ Matching

ID. Code (The State Bureau of EMS will assign the ID Code – leave this blank) _____

1. Organization Name: Palm Beach County (Fire Rescue)	
2. Grant Signer: (The applicant signatory who has authority to sign contracts, grants, and other legal documents. This individual must also sign this application)	
Name: Shelly Vana	
Position Title: Mayor, Palm Beach County BOCC	
Address: 301 North Olive Avenue	
City: West Palm Beach	County: Palm Beach
State: Florida	Zip Code: 33401
Telephone: 561-355-2001	Fax Number:
E-Mail Address:	

3. Contact Person: (The individual with direct knowledge of the project on a day-to-day basis and responsibility for the implementation of the grant activities. This person may sign project reports and may request project changes. The signer and the contact person may be the same.)	
Name: Jody Marlow	
Position Title: Captain	
Address: 405 Pike Road	
City: West Palm Beach	County: Palm Beach
State: Florida	Zip Code: 33411
Telephone: 561-616-7000	Fax Number: 561-616-7080
E-Mail Address:	

4. Legal Status of Applicant Organization (Check only one response):

- (1) ☐ Private Not for Profit [Attach documentation-501 (3) ©]
(2) ☐ Private For Profit
(3) ☐ City/Municipality/Town/Village
(4) ☒ County
(5) ☐ State
(6) ☐ Other (specify): _____

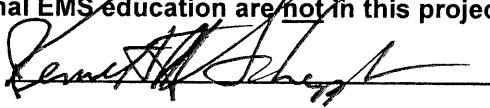
5. Federal Tax ID Number (Nine Digit Number). VF -59-6000785__

6. EMS License Number: 3550 Type: ☒Transport ☐Non-transport ☐Both

7. Number of permitted vehicles by type: _____ BLS; 54 ALS Transport; 50 ALS non-transport.

8. Type of Service (check one): ☒ Rescue; ☒ Fire; ☐ Third Service (County or City Government, nonfire); ☐ Air ambulance; ☐ Fixed wing; ☐ Rotowing; ☐ Both; ☐ Other (specify) _____.

9. Medical Director of licensed EMS provider: If this project is approved, I agree by signing below that I will affirm my authority and responsibility for the use of all medical equipment and/or the provision of all continuing EMS education in this project. **[No signature is needed if medical equipment and professional EMS education are not in this project.]**

Signature:  Date: 1/28/15

Print/Type: Name of Director Kenneth Scheppke

FL Med. Lic. No. ME 68624

Note: All organizations that are not licensed EMS providers must obtain the signature of the medical director of the licensed EMS provider responsible for EMS services in their area of operation for projects that involve medical equipment and/or continuing EMS education.

If your activity is a research or evaluation project, omit Items 10, 11, 12, 13, and skip to Item Number 14. Otherwise, proceed to Item 10 and the following items.

10. Justification Summary: Provide on no more than three one sided, double spaced pages a summary addressing this project, covering each topic listed below.

- A) Problem description (Provide a narrative of the problem or need);
B) Present situation (Describe how the situation is being handled now);
C) The proposed solution (Present your proposed solution);
D) Consequences if not funded (Explain what will happen if this project is not funded);
E) The geographic area to be addressed (Provide a narrative description of the geographic area);
F) The proposed time frames (Provide a list of the time frame(s) for completing this project);
G) Data Sources (Provide a complete description of data source(s) you cite);
H) Statement attesting that the proposal is not a duplication of a previous effort (State that this project doesn't duplicate what you've done on other grant projects under this grant program).

Next, only complete one of the following: Items 11, 12, or 13. Read all three and then select and complete the one that pertains the most to the preceding Justification Summary. Note that on all three, that before-after differences for emergency victim data are the highest scoring items on the Matching Grants Evaluation Worksheet used by reviewers to evaluate your application form.

11. Outcome For Projects That Provide or Effect Direct Services To Emergency Victims: This may include vehicles, medical and rescue equipment, communications, navigation, dispatch, and all other things that impact upon on-site treatment, rescue, and benefit of emergency victims at the emergency scene. Use no more than two additional one sided, double-spaced pages for your response. Include the following.

- A) Quantify what the situation has been in the most recent 12 months for which you have data (include the dates). The strongest data will include numbers of deaths and injuries during this time.
- B) In the 12 months after this project's resources are on-line, estimate what the numbers you provided under the preceding "(A)" should become.
- C) Justify and explain how you derived the numbers in (A) and (B), above.
- D) What other outcome of this project do you expect? Be quantitative and explain the derivation of your figures.
- E) How does this integrate into your agency's five year plan?

12. Outcome For Training Projects: This includes training of all types for the public, first responders, law enforcement personnel, EMS and other healthcare staff. Use no more than two additional one sided, double-spaced pages for your response. Include the following:

- A) How many people received the training this project proposes in the most recent 12 month time period for which you have data (include the dates).
- B) How many people do you estimate will successfully complete this training in the 12 months after training begins?
- C) If this training is designed to have an impact on injuries, deaths, or other emergency victim data, provide the impact data for the 12 months before the training and project what the data should be in the 12 months after the training.
- D) Explain the derivation of all figures.
- E) How does this integrate into your agency's five year plan?

13. Outcome For Other Projects: This includes quality assurance, management, administrative, and other. Provide numeric data in your responses, if possible, that bear directly upon the project and emergency victim deaths, injuries, and/or other data. Use no more than two additional one sided, double-spaced pages for your response. Include the following.

- A) What has the situation been in the most recent 12 months for which you have data (include the dates)?
- B) What will the situation be in the 12 months after the project services are on-line?
- C) If this project is designed to have an impact on injuries, deaths, or other emergency victim data, provide the impact data for the 12 months before the project and what the data should be in the 12 months after the project.
- D) Explain the derivation of all numbers.
- E) How does this integrate into your agency's five year plan?

Skip Item 14 and go to Item 15, unless your project is research and evaluation and you have not completed the preceding Justification Summary and one outcome item.

14. Research and Evaluation Justification Summary, and Outcome: You may use no more than three additional one sided, double spaced pages for this item.

- A) Justify the need for this project as it relates to EMS.
- B) Identify (1) location and (2) population to which this research pertains.
- C) Among population identified in 14(B) above, specify a past time frame, and provide the number of deaths, injuries, or other adverse conditions during this time that you estimate the practical application of this research will reduce (or positive effect that it will increase).
- D) (1) Provide the expected numeric change when the anticipated findings of this project are placed into practical use.
(2) Explain the basis for your estimates.
- E) State your hypothesis.
- F) Provide the method and design for this project.
- G) Attach any questionnaires or involved documents that will be used.
- H) If human or other living subjects are involved in this research, provide documentation that you will comply with all applicable federal and state laws regarding research subjects.
- I) Describe how you will collect and analyze the data.

ALL APPLICANTS MUST COMPLETE ITEM 15.

15. Statutory Considerations and Criteria: The following are based on s. 401.113(2)(b) and 401.117, F.S. Use no more than one additional double spaced page to complete this item. Write N/A for those things in this section that do not pertain to this project. Respond to all others.

Justify that this project will:

- A) Serve the requirements of the population upon which it will impact.
- B) Enable emergency vehicles and their staff to conform to state standards established by law or rule of the department.
- C) Enable the vehicles of your organization to contain at least the minimum equipment and supplies as required by law, rule or regulation of the department.
- D) Enable the vehicles of your organization to have, at a minimum, a direct communications linkup with the operating base and hospital designated as the primary receiving facility.
- E) Enable your organization to improve or expand the provision of:
 - 1) EMS services on a county, multi county, or area wide basis.
 - 2) Single EMS provider or coordinated methods of delivering services.
 - 3) Coordination of all EMS communication links, with police, fire, emergency vehicles, and other related services.

16. Work activities and time frames: Indicate the major activities for completing the project (use only the space provided). Be reasonable, most projects cannot be completed in less than six months and if it is a communications project, it will take about a year. Also, if you are purchasing certain makes of ambulances, it takes at least nine months for them to be delivered after the bid is let.

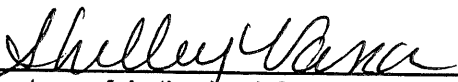
Work Activity	Number of Months After Grant Starts	
	Begin	End
33Field Test Loading Systems	2 months	3 months
Upon grant approval	1 months	2 months
Order Loading System	1 months	2 months
Delivery of Loading System	1 months	2 months
Installation of Loading System	1 months	2 months
Training	1 month	1 months

17. County Governments: If this application is being submitted by a county agency, describe in the space below why this request cannot be paid for out of funds awarded under the state EMS county grant program. Include in the explanation why any unspent county grant funds, which are now in your county accounts, cannot be allocated in whole or part for the costs herein.

The state EMS county grant program is divided among eleven (11) municipal fire departments. There are over 200 ALS units that are competing for some type of funding for medical equipment. Of the \$254,000 dollars that was divided among the competing agencies there is not enough money to fund our requests.

18. <u>Budget:</u>		
Salaries and Benefits: For each position title, provide the amount of salary per hour, FICA per hour, fringe benefits, and the total number of hours.	Costs	Justification: Provide a brief justification why each of the positions and the numbers of hours are necessary for this project.
TOTAL:	\$ 0.00	Right click on 0.00 then left click on "Update Field" to calculate Total

Expenses: These are travel costs and the usual, ordinary, and incidental expenditures by an agency, such as, commodities and supplies of a consumable nature, <u>excluding</u> expenditures classified as operating capital outlay (see next category).	Costs: List the price and source(s) of the price identified.	Justification: Justify why each of the expense items and quantities are necessary to this project.
TOTAL:	\$ 0.00	Right click on 0.00 then left click on "Update Field" to calculate Total

19. Certification:	
My signature below certifies the following:	
I am aware that any omissions, falsifications, misstatements, or misrepresentations in this application may disqualify me for this grant and, if funded, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.	
I agree that any and all information submitted in this application will become a public document pursuant to Section 119.07, Florida Statutes (F.S.), when received by the Florida Bureau of Emergency Medical Oversight. This includes material that the applicant might consider to be confidential or a trade secret. Any claim of confidentiality is waived by the applicant upon submission of this application pursuant to Section 119.07, F.S., effective after opening by the Florida Bureau of Emergency Medical Oversight.	
I accept that in the best interests of the state, the Florida Bureau of Emergency Medical Oversight reserves the right to reject or revise any and all grant proposals or waive any minor irregularity or technicality in proposals received, and can exercise that right.	
I, the undersigned, understand and accept that the Notice of Matching Grant Awards will be advertised in the <i>Florida Administrative Register</i> , and that 21 days after this advertisement is published I waive any right to challenge or protest the awards pursuant to Chapter 120, F.S.	
I certify that the cash match will be expended between the beginning and ending dates of the grant and will be used in strict accordance with the content of the application and approved budget for the activities identified. In addition, the budget shall not exceed the department, approved funds for those activities identified in the notification letter. No funds count towards satisfying this grant if the funds were also used to satisfy a matching requirement of another state grant. All cash, salaries, fringe benefits, expenses, equipment, and other expenses as listed in this application shall be committed and used for the activities approved as a part of this grant.	
Acceptance of Terms and Conditions: If awarded a grant, I certify that I will comply with all of the above and also accept the attached grant terms and conditions and acknowledge this by signing below.	
 _____ Signature of Authorized Grant Signer (Individual Identified in Item 2)	<u>3/02/2015</u> MM / DD / YY

DH FORM 1767 [2013]

THE TOP PART OF THE FOLLOWING PAGE MUST ALSO BE COMPLETED AND SIGNED.

Approved as to Terms and Conditions

By: Michael C. Mackey

**APPROVED AS TO FORM
AND LEGAL SUFFICIENCY**

Shirley Brown
COUNTY ATTORNEY

FLORIDA DEPARTMENT OF HEALTH
EMS GRANT PROGRAM

REQUEST FOR GRANT FUND DISTRIBUTION

In accordance with the provisions of Section 401.113(2)(b), F. S., the undersigned hereby requests an EMS grant fund distribution for the improvement and expansion or continuation of pre-hospital EMS.

DOH Remit Payment To:

Name of Agency: Palm Beach County Board of County Commissioners/Fire Rescue

Mailing Address: 405 Pike Road

West Palm Beach, FL 33411

County requests grant disbursement on a reimbursable basis

Federal Identification Number VF596000785

Authorized Agency Official: Shelley Vana

Signature

3/10/15
Date

Shelley Vana, Mayor

Type Name and Title

Sign and return this page with your application to:

*DOH Bureau of Emergency Medical Oversight
EMS Section, Grants Unit
4052 Bald Cypress Way, Bin A-22
Tallahassee, Florida 32399-1722*

Do not write below this line. For use by Bureau of Emergency Medical Services personnel only

Grant Amount For State To Pay: \$ _____

Grant ID Code: _____

Approved By: _____

Signature of State EMS Grant Officer

_____ Date

State Fiscal Year: 2014 - 2015

Organization Code
64-61-70-30-000

E.O.
03

OCA
SF003

Object Code
750000

Federal Tax ID: VF _____

Grant Beginning Date: _____ Grant Ending Date: _____

DH FORM 1767p [2013]

Approved as to Terms and Conditions

By: Michael C. Mackey

**APPROVED AS TO FORM
AND LEGAL SUFFICIENCY**

Don Burr
COUNTY ATTORNEY

(10) Justification Summary

(A) Problem Description:

Palm Beach County Fire Rescue (PBCFR) is experiencing an increase in work related injuries due to the strenuous task of loading and transporting heavy or bariatric patients. The amount of calls that our employees respond to is unrelenting. The weight of the patients we care for combined with the added weight of the stretchers we are utilizing are a major factor in our injuries. The increased risk of injury to our personnel has a direct impact on the potential for increase of injury to the patient due to loss of stretcher control or dropping of the stretcher. In addition to patient safety and employee health, injuries to our employees represent a significant expense to the County in the form of workers compensation costs, lost time, modified duty expenses, and overtime to cover the injured worker's shift during rehabilitation. PBCFR is struggling to reduce our employee and patient injuries from stretcher related incidents.

Obesity has become a significant public health issue for our nation and has been on the rise since the mid-1980s. According to the American Heart Association (AHA), obesity has increased from 20.6% of adults in 1994 to over 35% in 2013. A recent study by the National Association of EMTs found that 47% of providers had suffered back injuries while performing their duties. With the increasing rates of obesity in the United States, Florida specifically, we can expect an ongoing increase in the number of obese patients that PBCFR treats and transports. According to Florida Charts, adults who are overweight or obese in Palm Beach County rose from 57.6% in 2007 to 61.3% in 2010.

(B) Present Situation:

Throughout the last seven (7) years, PBCFR has been transitioning from the manual Ferno stretchers to the Stryker Power-Pro stretchers. Presently the department has forty two (42) Stryker Power Pro stretchers for fifty four (54) front line rescues. The differences and unfamiliarity of the two stretchers has been very challenging to overcome and has resulted in numerous injuries to our employees. We hope to standardize our fleet to reduce work related injuries and patient drops. The department's workload has increased dramatically with lifting and transporting patients. We have been experiencing an increase in back, shoulder, knee and other musculoskeletal injuries while loading or unloading patients into our rescue units (ambulance). The recession has delayed numerous purchases of capital items. It is taking a very long time to standardize the fleet due to the reduction in revenue in recent years. In addition, the department has no Stryker Power-Pro Stretchers in backup and are using manual stretchers.

Palm Beach County Risk Management recommended an accelerated program to make the use of hydraulic stretchers available on all rescues and to transition into an automatic stretcher loading system.

Based on Palm Beach County Risk Management injury data for the years 2012 through 2015, total incurred cost for all patient handling incidents was calculated at 1.1 million dollars. Of those incidents improved stretchers and stretcher loading equipment would likely have prevented incidents which contributed at least \$91,000 in cost. The overtime costs to replace the employee(s) are well over \$100,000 annually. For this period, a cost savings of approximately \$200,000 would have been realized if PBCFR was utilizing power stretchers with a loading system. This does not include any lawsuits from patient drops which has already occurred costing the County thousands of dollars in litigation. This is financially costly and embarrassing to our department. The well-being of our patients is paramount and is morally devastating to our employees when a patient is injured.

The recent years of low property values resulted in a very serious reduction in revenue to fund the operations of the department. In addition, numerous cities that had their own fire department have merged with PBCFR which has created a very large continuous monetary burden.

(C) Proposed Solution:

Our proposed solution is to outfit eight (8) rescue units with a Stryker Power-Pro stretcher with an expandable patient surface (XPS) and a stretcher loading system. By strategically placing a rescue with a Power Load unit in each battalion of the department we will ensure a quick response due to the extremely large geographic area of the county we provide service. A long range goal of the department is to standardize our entire fleet of 54 rescues with a Stryker Power Pro stretcher and a stretcher loading system which will ensure consistency and improve safety for both patients and personnel. We would be utilizing the same stretcher system regardless of the unit in service. The total weight of the Stryker Power Pro stretcher with the average patient and equipment is approx. 350 pounds. Our crews are loading and unloading patients with this amount of weight numerous times per day. The Power Load system supports the weight of the stretcher, patient and equipment during loading and unloading until the wheels are on the ground. The operations workforce of PBCFR is aging and lifting patients continuously is going to increase our work related injuries. By installing a stretcher loading system we will reduce the injuries to our personnel and improve patient safety by minimizing the potential for patient drops.

(D) Consequences if Not Funded:

PBCFR will continue to incur the costs associated from Worker's Compensation claims and patient lawsuits if this EMS grant is not awarded. There will be a continued risk of injury to employees and patients when transports are performed. Every injury to an employee carries with it the direct costs and the possibility of career ending damage to the employees back, shoulder, knee, etc. An additional cost to

the department is overtime coverage to replace the employees. Palm Beach County Risk Management data shows the amount is over \$100,000 annually. In addition, we are tracking the cost of retirees who have injuries that may be related from years of performing the tasks of loading and unloading patients for over 20-25 years of their career. Those costs have increased from \$81,770 in 2013 to \$104,817 in 2014.

(E) The geographic area to be addressed:

Palm Beach County is located in the southeast region of Florida. PBCFR covers 1822 square miles of urban and rural areas. We serve a population of 871,093 residents with thousands of visitors daily due to our tourist attractions (beaches, shopping, etc.). In 2014 PBCFR responded to 106,963 requests for EMS response resulting in 67,128 transports. We provide mutual aid to all the city fire departments in Palm Beach County (Boca Raton, Boynton Beach, Delray Beach, Greenacres, North Palm Beach, Palm Beach Gardens, Riviera Beach, Tequesta, and West Palm Beach). In addition to the urban areas of Palm Beach County there are numerous rural areas of the county that have uneven terrain (gravel driveways, unlevelled streets, sloped hospital loading areas, etc.).

(F) Proposed Project Time Frames:

If the grant is approved, a vendor will be selected within 30-60 days. The stretcher loading system will be ordered within 60-90 days. Delivery would occur 30-60 days thereafter. The stretcher loading system may be installed at the ambulance manufacturing facility or at the PBCFR Fleet Maintenance Shop within 30-60 days. Training will start after installation is complete, lasting 30-60 days. The project is expected to be completed approximately 6-12 months from the date of approval.

G) Data Sources:

(1) Palm Beach County Risk Management (Employee Safety/Loss Control), (2) Palm Beach County Fire Rescue –Planning Division, (3) Stryker Power load System Literature, (4) Obesity 2011 Florida Press Release www.healthymamericans.org, (5) Bariatric Patients Pose Weight Challenges NAEMT study of injuries, (6) Census information: <http://www.census.gov>, (7) Palm Beach County Firefighters Employee Benefits Fund, (8) Florida Department of Health – Florida Charts, (9) “The Impact of Gurney Design on EMS Personnel”, “White Paper Synopsis”, (10) American Heart Association 2013 Statistical Fact Sheet

H) Attesting Statements:

I attest that this grant proposal is not a duplicate of any grant project funded under this program.

11. Outcomes for Projects That Provide or Effect Direct Services to Emergency Victims:

(A) Quantify what the situation has been in the most recent 12 months for which you have data.

PBCFR responded to 106,963 EMS related calls in 2014 and transported 67,128 patients. This illustrates an increase of 2,621 calls and 1,361 transports from 2013. Palm Beach County Risk Management reports that in 2013-2014 there were 16 documented patient/stretchers related injuries. In 2014-2015 there are already 3 documented injuries. Several of the injured employees have not returned to shift work for 3-6 months. One of our employees has been off shift work accumulated over 2 years. The workload that our personnel are doing is unrelenting and increasing annually. The employee injuries have continued and are directly related to the amount of calls and transports that are performed. The workers compensation costs have increased as well. PBCFR will always have the liability of dropping a patient and causing physical harm. With the right equipment this horrific incident may never happen.

In addition, the health and well-being of our employees who will be retiring is of mounting concern. Our retired employees, who have performed these strenuous tasks for the majority of their careers have increased medical costs from \$81,770 in 2013 to \$104,817 in 2014. It appears that our employees are not documenting all of their injuries and waiting until they retire to seek treatment. This is creating a huge financial burden on them and our health insurance fund. The County contributes a monthly dollar amount to the Palm Beach County Firefighter Benefits Fund on behalf of each participant. Ultimately, the taxpayer is contributing to the County's workers comp or the health insurance fund for injuries that could have been prevented or reduced with the proper equipment.

(B) In the past 12 months after this project's resources are on-line, estimate what the numbers you provide under (A) should become.

In a recently published article (The Impact of Gurney Design on EMS Personnel), the use of power stretchers and lift assist devices have shown a reduction in musculoskeletal injuries which are very common when lifting and moving patients. PBCFR supports this report by the reduction of injuries sustained by our personnel due to manually lifting and lowering the stretcher with the implementation of the hydraulic stretchers. The literature quoted a 90-95% reduction where PBCFR experienced similar reductions from the hydraulic stretcher. We fully expect to see continued positive results in reducing our overall injuries related to patient lifting and moving through the use of the power load device. If the results are as overwhelming as the data we experienced from the implementation of just the hydraulic stretchers we could see close to a 100% reduction in injuries from loading and unloading patients.

(C) Justify and explain how you derived the numbers in (A) and (B).

The outcome data for 11(A) and 11(B) were obtained by Palm Beach County Risk Management (Brian Berke, Employee Safety/Loss Control), PBCFR Planning Division, Palm Beach County Firefighters Employee Benefits Fund, the articles; “The Impact of Gurney Design on EMS Personnel”, “White Paper Synopsis”.

(D) Other possible Outcomes expected with this project.

The Power Load system will also help reduce the amount of personnel that are needed on scene and at the hospital. Our staffing levels have decreased over the last few years due to budget shortfalls. This device will help improve safety and reduce the workload of our employees, as well as improve morale. We expect to see a reduction in our out of service repair times as well. In addition, many of our patients that we transport are very large and heavy (bariatric). This device is ergonomically designed for comfort and safety of the patient. In order to mitigate this type of call effectively and reduce injuries the Power Load system is strongly recommended.

(E) How does this integrate into Your Agency’s Five Year Plan?

This project compliments the Departments long range strategic plan by improving the safety of its employees and reducing work related injuries. It provides a better level of service to the citizens of Palm Beach County by reducing, if not eliminating, stretcher related accidents.

15. Statutory Consideration and Criteria:

(A) Serve the requirements of the population upon which it will impact:

This system will provide the needed risk protection to all of the operations employees of Palm Beach County Fire Rescue. The other fire departments that use a Power Pro Stretcher with a loading system have advised of the better ergonomics and ease of loading and unloading the stretchers. This will also serve all residents and visitors of Palm Beach County. According to Florida Charts the percentage of adults in Palm Beach County who are overweight or obese has risen from 57.6% in 2007 to 61.3% in 2010.

(B) Conform to State Standards:

This grant will help Palm Beach County Fire Rescue improve patient safety, responder safety, and the safety of the general public. It will help our agency meet the requirements of the Florida Bureau of EMS Advisory Council Strategic Plan Goal 3.4, to reduce the number of on the job injuries or serious illness in

the EMS population. The Power Load system and hydraulic stretchers could reduce the number of patient and personnel injuries. We anticipate close to a 100% reduction thereby reducing worker's compensation and litigation claims.

(C) Minimum Equipment and Supplies:

The Power Load system complies with the minimum equipment requirements in the Florida Administrative Code 64J. The proposed system exceeds our current system in patient safety features as it has been dynamically crash tested for maximized occupant safety.

(D) Communications: N/A

(E) Enable your organization to improve and expand:

This grant award will improve EMS services countywide by improving interoperability since most fire department agencies in Palm Beach County currently utilize the Stryker Power Pro stretchers. This ensures the safety and wellness of all EMS personnel in the entire county due to standardization of equipment.



FLORIDA DEPARTMENT OF HEALTH
BUREAU OF EMERGENCY MEDICAL SERVICES

EMS MATCHING GRANT PROGRAM APPLICATION PACKET

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THIS DOCUMENT CONTAINS THE EMS GRANT PROGRAM APPLICATION, GUIDELINES AND GRANT EVALUATION WORKSHEET REFERRED TO IN CHAPTER 64J-1.015, FLORIDA ADMINISTRATIVE CODE (F.A.C.). THIS APPLICATION IS TO BE USED FOR BOTH THE RURAL AND MATCHING GRANT PROGRAMS.

INTRODUCTION

This grant program provides emergency medical services providers, first responder organizations, and other emergency medical service related organizations with funds for projects to acquire, repair, improve, or upgrade emergency medical services systems, or equipment.

To apply for an EMS Matching Grant, an applicant must meet specific eligibility requirements. Applicants certify that they meet all requirements in this application and guidelines when they sign and submit the application to the Bureau of Emergency Medical Services.

You may submit any number of applications, and there is no limit on the amount of funds you may request for each application. Do not place more than one project in one application. However, do not fragment a request into more than one application if the activities are related. For example, a request for an ambulance, with medical equipment and radios for the ambulance, should all be in one application. However, a communication base station and dispatch equipment or training should not be included with the request for funding to purchase an ambulance.

ELIGIBILITY

WHO IS ELIGIBLE:

To be eligible for funding under the Rural and Matching Grant Programs, an applicant must meet the following criteria:

1. Eligible rural counties are defined in section 401.107(5), Florida Statutes, (F.S.) as *“a county with a total population of 100,000 or fewer people and density of less than 100 people per square mile.”*
2. Only boards of county commissioners and emergency medical services organizations determined by statute to be rural are eligible for rural grants.
3. Rural emergency medical service providers may also apply for funding from the matching grant program (75% state 25% local matching funds).
4. Emergency medical services providers, first responders and other EMS-related organizations are eligible for the matching grant program.

WHAT IS ELIGIBLE:

1. The matching grant funds must be used for the improvement and expansion of emergency medical services. Rural matching grant funds may be used to maintain services.
2. The grant funds must be used for one or more of the activities outlined in section 401.113(2)(b), F.S.

MANDATORY CRITERIA REVIEW:

Applications shall be reviewed to determine that the applicant meets the following criteria applicable to the type of grant submitted:

1. The grant applicant organization shall be based in a rural county if applying for 90% funding.
2. The applicant has received a letter endorsing the grant application from their Board of County Commissioners or the local EMS provider (if not a licensed EMS provider).
3. The application is complete and signed.
4. The applicant demonstrates the grant will be used to reduce morbidity and mortality in the identified service area in an efficient and effective manner.
5. First responder organizations must attach a copy of the memorandum of understanding (MOU) with a licensed emergency medical services provider. If there is no MOU, then documentation must be attached to the application that demonstrates the applicant has made a reasonable effort to obtain one or that the applicant did not receive a response from the providers in the area of operation.
6. If a Private Not-For-Profit organization, a copy of IRS 501 (c)(3) letter or other legal documentation of this status must be attached to the application.
7. The application may not exceed the number of pages listed in the application packet. Letters of support will not be counted as pages, but may be submitted.
8. The following application form, a facsimile of it or an electronic copy shall be used. However, the content of the form shall be identical to the copy received from the Bureau or from its web page. The applicant shall comply with all the instructions provided by the Bureau.

EMS MATCHING GRANT APPLICATION

**FLORIDA DEPARTMENT OF HEALTH
Bureau of Emergency Medical Services**

Complete all items unless instructed differently within the application

Type of Grant Requested: ☐ Rural ☐ Matching

ID. Code (The State Bureau of EMS will assign the ID Code – leave this blank) _____

1. Organization Name:	
2. Grant Signer: (The applicant signatory who has authority to sign contracts, grants, and other legal documents. This individual must also sign this application.)	
Name:	
Position Title:	
Address:	
City:	County:
State: Florida	Zip Code:
Telephone:	Fax Number:
E-Mail Address:	

3. Contact Person: (The individual with direct knowledge of the project on a day-to-day basis and responsibility for the implementation of the grant activities. This person may sign project reports and may request project changes. The signer and the contact person may be the same.)	
Name:	
Position Title:	
Address:	
City:	County:
State: Florida	Zip Code:
Telephone:	Fax Number:
E-mail Address:	

4. **Legal Status of Applicant Organization (Check only one response):**
 (1) ☐ Private Not for Profit [Attach documentation-501 (3) ©]
 (2) ☐ Private For Profit
 (3) ☐ City/Municipality/Town/Village
 (4) ☐ County
 (5) ☐ State
 (6) ☐ Other (specify): _____

5. **Federal Tax ID Number (Nine Digit Number).** VF _____

6. EMS License Number: _____ Type: ☐Transport ☐Non-transport ☐Both

7. Number of permitted vehicles by type: _____BLS _____ALS Transport _____ALS non-transport.

8. Type of Service (check one): ☐Rescue ☐Fire ☐Third Service (County or City Government, nonfire) ☐Air ambulance: ☐Fixed wing ☐Rotowing ☐Both ☐Other (specify)_____.

9. **Medical Director of licensed EMS provider:** If this project is approved, I agree by signing below that I will affirm my authority and responsibility for the use of all medical equipment and/or the provision of all continuing EMS education in this project. **[No signature is needed if medical equipment and professional EMS education are not in this project.]**

Signature: _____ Date: _____

Print/Type: Name of Director _____

FL Med. Lic. No. _____

Note: All organizations that are not licensed EMS providers must obtain the signature of the medical director of the licensed EMS provider responsible for EMS services in their area of operation for projects that involve medical equipment and/or continuing EMS education.

If your activity is a research or evaluation project, omit Items 10, 11, 12, 13, and skip to Item Number 14. Otherwise, proceed to Item 10 and the following items.

10. **Justification Summary:** Provide on no more than three one-sided, double-spaced pages a summary addressing this project, covering each topic listed below.

A) Problem description (Provide a narrative of the problem or need);
 B) Present situation (Describe how the situation is being handled now);
 C) The proposed solution (Present your proposed solution);
 D) Consequences if not funded (Explain what will happen if this project is not funded);
 E) The geographic area to be addressed (Provide a narrative description of the geographic area);
 F) The proposed time frames (Provide a list of the time frame(s) for completing this project);
 G) Data Sources (Provide a complete description of data source(s) you cite);
 H) Statement attesting that the proposal is not a duplication of a previous effort (State that this project doesn't duplicate what you've done on other grant projects under this grant program).

Next, only complete one of the following: Items 11, 12, or 13. Read all three and then select and complete the one that pertains the most to the preceding Justification Summary. Note that on all three, that before-after differences for emergency victim data are the highest scoring items on the Matching Grants Evaluation Worksheet used by reviewers to evaluate your application form.

11. Outcome For Projects That Provide or Effect Direct Services To Emergency Victims: This may include vehicles, medical and rescue equipment, communications, navigation, dispatch, and all other things that impact upon on-site treatment, rescue, and benefit of emergency victims at the emergency scene. Use no more than two additional one-sided, double-spaced pages for your response. Include the following:

- A) Quantify what the situation has been in the most recent 12 months for which you have data (include the dates). The strongest data will include numbers of deaths and injuries during this time.
- B) In the 12 months after this project's resources are on-line, estimate what the numbers you provided under the preceding "(A)" should become.
- C) Justify and explain how you derived the numbers in (A) and (B), above.
- D) What other outcome of this project do you expect? Be quantitative and explain the derivation of your figures.
- E) How does this integrate into your agency's five-year plan?

12. Outcome For Training Projects: This includes training of all types for the public, first responders, law enforcement personnel, EMS and other healthcare staff. Use no more than two additional one-sided, double-spaced pages for your response. Include the following:

- A) How many people received the training this project proposes in the most recent 12-month time period for which you have data (include the dates).
- B) How many people do you estimate will successfully complete this training in the 12 months after training begins?
- C) If this training is designed to have an impact on injuries, deaths, or other emergency victim data, provide the impact data for the 12 months before the training and project what the data should be in the 12 months after the training.
- D) Explain the derivation of all figures.
- E) How does this integrate into your agency's five year-plan?

13. Outcome For Other Projects: This includes quality assurance, management, administrative, and other. Provide numeric data in your responses, if possible, that bear directly upon the project and emergency victim deaths, injuries, and/or other data. Use no more than two additional one-sided, double-spaced pages for your response. Include the following:

- A) What has the situation been in the most recent 12 months for which you have data (include the dates)?
- B) What will the situation be in the 12 months after the project services are on-line?
- C) If this project is designed to have an impact on injuries, deaths, or other emergency victim data, provide the impact data for the 12 months before the project and what the data should be in the 12 months after the project.
- D) Explain the derivation of all numbers.
- E) How does this integrate into your agency's five-year plan?

Skip Item 14 and go to Item 15, unless your project is research and evaluation and you have not completed the preceding Justification Summary and one outcome item.

14. Research and Evaluation Justification Summary, and Outcome: You may use no more than three additional one-sided, double-spaced pages for this item.

- A) Justify the need for this project as it relates to EMS.
- B) Identify (1) location and (2) population to which this research pertains.
- C) Among population identified in 14(B) above, specify a past time frame, and provide the number of deaths, injuries, or other adverse conditions during this time that you estimate the practical application of this research will reduce (or positive effect that it will increase).
- D) (1) Provide the expected numeric change when the anticipated findings of this project are placed into practical use.
(2) Explain the basis for your estimates.
- E) State your hypothesis.
- F) Provide the method and design for this project.
- G) Attach any questionnaires or involved documents that will be used.
- H) If human or other living subjects are involved in this research, provide documentation that you will comply with all applicable federal and state laws regarding research subjects.
- I) Describe how you will collect and analyze the data.

15. Statutory Considerations and Criteria: The following are based on s. 401.113(2)(b) and 401.117, F.S. Use no more than one additional double-spaced page to complete this item. Write N/A for those things in this section that do not pertain to this project. Respond to all others.

Justify that this project will:

- A) Serve the requirements of the population upon which it will impact.
- B) Enable emergency vehicles and their staff to conform to state standards established by law or rule of the Department.
- C) Enable the vehicles of your organization to contain at least the minimum equipment and supplies as required by law, rule or regulation of the Department.
- D) Enable the vehicles of your organization to have, at a minimum, a direct communications linkup with the operating base and hospital designated as the primary receiving facility.
- E) Enable your organization to improve or expand the provision of:
 - 1) EMS services on a county, multi county, or area wide basis.
 - 2) Single EMS provider or coordinated methods of delivering services.
 - 3) Coordination of all EMS communication links, with police, fire, emergency vehicles, and other related services.

16. Work activities and time frames: Indicate the major activities for completing the project (use only the space provided). Be reasonable, most projects cannot be completed in less than six months and if it is a communications project, it will take about a year. Also, if you are purchasing certain makes of ambulances, it takes at least nine months for them to be delivered after the bid is let.

[illegible]

17. County Governments: If this application is being submitted by a county agency, describe in the space below why this request cannot be paid for out of funds awarded under the state EMS county grant program. Include in the explanation why any unspent county grant funds, which are now in your county accounts, cannot be allocated in whole or part for the costs herein.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be a standard notebook page.

18. Budget:		
Salaries and Benefits: For each position title, provide the amount of salary per hour, FICA per hour, fringe benefits, and the total number of hours.	Costs	Justification: Provide a brief justification why each of the positions and the numbers of hours are necessary for this project.
TOTAL:		

Expenses: These are travel costs and the usual, ordinary, and incidental expenditures by an agency, such as, commodities and supplies of a consumable nature, <u>excluding</u> expenditures classified as operating capital outlay (see next category).	Costs: List the price and source(s) of the price identified.	Justification: Justify why each of the expense items and quantities are necessary to this project.
TOTAL:	\$	

19. Certification:	
My signature below certifies the following.	
I am aware that any omissions, falsifications, misstatements, or misrepresentations in this application may disqualify me for this grant and, if funded, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.	
I agree that any and all information submitted in this application will become a public document pursuant to Section 119.07, F.S. when received by the Florida Bureau of EMS. This includes material which the applicant might consider to be confidential or a trade secret. Any claim of confidentiality is waived by the applicant upon submission of this application pursuant to Section 119.07, F.S., effective after opening by the Florida Bureau of EMS.	
I accept that in the best interests of the State, the Florida Bureau of EMS reserves the right to reject or revise any and all grant proposals or waive any minor irregularity or technicality in proposals received, and can exercise that right.	
I, the undersigned, understand and accept that the Notice of Matching Grant Awards will be advertised in the <i>Florida Administrative Weekly</i> , and that 21 days after this advertisement is published I waive any right to challenge or protest the awards pursuant to Chapter 120, F.S.	
I certify that the cash match will be expended between the beginning and ending dates of the grant and will be used in strict accordance with the content of the application and approved budget for the activities identified. In addition, the budget shall not exceed, the Department-approved funds for those activities identified in the notification letter. No funds count towards satisfying this grant if the funds were also used to satisfy a matching requirement of another state grant. All cash, salaries, fringe benefits, expenses, equipment, and other expenses as listed in this application shall be committed and used for the activities approved as a part of this grant.	
Acceptance of Terms and Conditions: If awarded a grant, I certify that I will comply with all of the above and also accept the attached grant terms and conditions and acknowledge this by signing below.	
Signature of Authorized Grant Signer (Individual Identified in Item 2)	<div style="text-align: center;">/ / MM / DD / YY</div>

FLORIDA DEPARTMENT OF HEALTH
EMS GRANT PROGRAM

REQUEST FOR GRANT FUND DISTRIBUTION

In accordance with the provisions of Section 401.113(2)(b), F. S., the undersigned hereby requests an EMS grant fund distribution for the improvement and expansion or continuation of pre-hospital EMS.

DOH Remit Payment To:

Name of Agency: _____

Mailing Address: _____

Federal Identification Number: _____

Authorized Agency Official: _____
Signature Date

Type Name and Title

Sign and return this page with your application to:

*Florida Department of Health
BEMS Grant Program
4052 Bald Cypress Way, Bin C18
Tallahassee, Florida 32399-1738*

Do not write below this line. For use by Bureau of Emergency Medical Services personnel only

Grant Amount For State To Pay: \$ _____ Grant ID Code: _____

Approved By: _____
Signature of EMS Grant Officer Date

State Fiscal Year: _____ - _____

Organization Code E.O. OCA Object Code
64-42-10-00-000 750000

Federal Tax ID: VF _____

Grant Beginning Date: _____ Grant Ending Date: _____

Name of Grantee: _____ **Grant ID Code:** _____

Justification For Change:	

Signature of Authorized Official Date

Approved Yes ☐ No ☐ Change No: _____

Department's Authorized Representative _____ Date _____

Department of Health EMS GRANT PROGRAM EXPENDITURE REPORT

Name of Grantee: _____ Grant ID Code: _____

Time Period Covered: Beginning Date: _____ Ending Date: _____

Earned Interest: Amount \$ _____; as of _____
Day Month Year

Final Report (Check one): ☐ Yes ☐ No

Major Line Items	TOTAL
Approved Budget Expenditure by Major Line Item(s)	\$
TOTAL BUDGETED EXPENDITURES	\$

Actual Expenditure to Date by Major Line Item(s)	\$
TOTAL EXPENDITURES	\$

BALANCE (Budgeted Less Actual Expenditures)	\$
--	----

Include with the progress notes an explanation of how project personnel, equipment, and any problems or barriers may impact on the grant progress.

I certify the above reports are true and correct. Expenditures were made only for items allowed by the above referenced grant.

Signature of Authorized Official

Date _____

MATCHING GRANTS EVALUATION WORKSHEET

INSTRUCTIONS FOR 75/25 PERCENT STATE EMS MATCHING GRANTS:

The scores will always be 0, 1, or 2. Unless specified otherwise within the form: 2 = the answer of the applicant is complete with no more than one fact omitted; 1 = more than one fact omitted but there is at least one fact present; and 0 = there is no useful information. Fractional scores between 0 and 2 may also be used (e.g. .5, 1.25, 1.5, etc.), but none greater than 2.

In order to place the total on a scale of 100, the total for each section is adjusted or multiplied by .69444. Adjusted scores of 55 or above will automatically be eligible for funding. The scores on the following evaluation sections show the maximum scores for each item and section. Note that the maximum score of 100 derives from adding the maximum totals of 11.11 and 88.89 in the two sections shown following.

Justification Summary: On no more than <u>three</u> one sided double spaced pages, provide a summary addressing this project for each topic listed below.				
Item	Score	Weight	Total	Team Comments
A) Problem description (Provide a narrative of the problem or need and the population impacted).	2	1	2	
B) Present situation (Describe how the situation is being handled now).	2	1	2	
C) The proposed solution (Present your proposed solution).	2	1	2	
D) Consequences if not funded (Explain what will happen if this project is not funded).	2	1	2	
E) The geographic area to be addressed (Provide a narrative description of the geographic area).	2	1	2	
F) The proposed time frames, (Provide a list of the time frame(s) for completing this project).	2	1	2	
G) Data Sources (Provide a complete description of data source(s) you cite).	2	1	2	
H) Statement attesting that the proposal is not a duplication of a previous effort. (State this project doesn't duplicate what has been done on other grant projects under this grant program).	2	1	2	
TOTAL	XXX	XXX	16	
ADJ. TIMES .69444	XXX	XXX	11.11	

Outcome For Projects That Provide or Effect Direct Services To Emergency Victims: This may include vehicles, medical and rescue equipment, communications, navigation, dispatch, and all other things that impact upon on-site treatment, rescue, and benefit of emergency victims at the emergency scene. Use no more than two additional one sided double spaced pages for your response. Include the following:

Item	Score	Weight	Total	Team Comments
A) Quantify what the situation has been in the most recent 12 months for which you have data (include the dates). The strongest data will include numbers of deaths and injuries during this time.	2	3	6	
B) In the 12 months <u>after</u> this project's resources are on-line, estimate what the numbers you provided under the preceding "(A)" should become.	2	3	6	
C) Justify and explain how you derived the numbers in (A) and (B), above.	2	5	10	
Before and After Difference	2	50	100	
D) What other outcome of this project do you expect? Be quantitative and explain the derivation of your figures.	2	3	6	
SUBTOTAL	XXX	XXX	128	
Multiply subtotal if the data and information have high documentation and credibility by 1; .5 for doubtful credibility; and .1 for low credibility. Any decimals between .1 and 1 may also be used for judgments that fall between the decimals cited. The result is the new subtotal. Write the multiplication figure used _____.				128
ADJ. TIMES .69444	XXX	XXX	133.3 3	

Outcome For Training Projects: This includes all training of all types for the public, first responders, law enforcement personnel, EMS and other healthcare staff. Use no more than two additional one sided double spaced pages for your response. Include the following:

Item	Score	Weight	Total	Team Comments
A) How many people received the training this project proposes in the most recent 12 month time period for which you have data (include the dates).	2	3	6	
B) How many people do you estimate will successfully complete this training in the 12 months <u>after</u> training begins?	2	3	6	
Before and After Difference	2	13	26	
C) If this training is designed to have an impact on injuries, deaths, or other emergency victim data, provide the impact data for the 12 months <u>before</u>	2	40	80	

the project and what the data should be in the 12 months <u>after</u> the training.				
D) Explain the derivation of all figures.	2	5	10	
SUBTOTAL	XXX	XXX	128	
Multiply subtotal if the data and information have high documentation and credibility by 1; .5 for doubtful credibility; and .1 for low credibility. Any decimals between .1 and 1 may also be used for judgments that fall between the decimals cited. The result is the new subtotal. Write the multiplication figure used _____.			128	
ADJ. TIMES .69444	XXX	XXX	133.3 3	
GRAND TOTAL ALL ITEMS	XXX	XXX	100.0	XXXXXXXXXXXXXXXXXXXXXXX

Outcome For Other Projects: This includes quality assurance, management, administrative, and others. Provide numeric data in your responses, if possible, that bear directly upon the project and emergency victim deaths, injuries, and/or other data. Use no more than <u>two</u> additional one sided double spaced pages for your response. Include the following:				
Item	Score	Weight	Total	Team Comments
A) What has the situation been in the most recent 12 months for which you have data (include the dates)?	2	3	6	
B) What will the situation be in the 12 months <u>after</u> the project services are on-line?	2	3	6	
Before and After Difference	2	13	26	
C) If this project is designed to have an impact on injuries, deaths, or other emergency victim data, provide the impact data for the 12 months <u>before</u> the project and what the data should be in the 12 months <u>after</u> the project.	2	40	80	
D) Explain the derivation of all figures.	2	5	10	
SUBTOTAL	XXX	XXX	128	
Multiply subtotal if the data and information have high documentation and credibility by 1; .5 for doubtful credibility; and .1 for low credibility. Any decimals between .1 and 1 may also be used for judgments that fall between the decimals cited. The result is the new subtotal. Write the multiplication figure used _____.			128	
ADJ. TIMES .69444	XXX	XXX	133.3 3	
GRAND TOTAL ALL ITEMS	XXX	XXX	100.0	XXXXXXXXXXXXXXXXXXXXXXX

Research and Evaluation Justification Summary, and Outcome				
Item	Score	Weight	Total	Team Comments
A) Justify the need for this	2	4	8	

project as it relates to EMS.				
B) Identify (1) location and (2) population to which this research pertains.	2	2	4	
C) Among population identified in 14(B) of the application, specify a past time frame, and provide the number of deaths, injuries, or other adverse conditions during this time that you estimate the practical application of this research will reduce (or positive effect that it will increase).	2	5	10	
D) (1) Provide the expected numeric change when the anticipated findings of this project are placed into practical use.	2	43	86	
(2) Explain the basis for your estimates.	2	8	16	
E) State your hypothesis.	2	2	4	
F) Provide the method and design for this project.	2	2	4	
G) Attach any questionnaires or involved documents that will be used.	2	2	4	
H) If human or other living subjects are involved in this research, provide documentation that you will comply with all applicable federal and state laws regarding research subjects.	2	2	4	
I) Describe how you will collect and analyze the data.	2	2	4	
SUBTOTAL	XXX	XXX	144	
Multiply subtotal if the data and information have high documentation and credibility by 1; .5 for doubtful credibility; and .1 for low credibility. Any decimals between .1 and 1 may also be used for judgments that fall between the decimals cited. The result is the new subtotal. Write the multiplication figure used _____.			144	
ADJ. TIMES .69444	XXX	XXX	100	

Bonus Points for Statutory Considerations and Criteria: The following are based on s. 401.113(2)(b) and 401.117, F.S.				
Item	Score	Weight	Total	Team Comments
A) Serve the requirements of the population upon which project will impact.	2	1	2	
B) Enable emergency vehicles and their staff to conform to state standards established by law or rule of the department.	2	1	2	
C) Enable the vehicles of your	2	1	2	

organization to contain at least the minimum equipment and supplies as required by law, rule or regulation of the department.				
D) Enable the vehicles of your organization to have, at a minimum, a direct communications linkup with the operating base and hospital designated as the primary receiving facility	2	1	2	
E) Enable your organization to improve or expand the provision of: 1) EMS services on a county, multi county, or area wide basis. Single EMS provider or coordinated methods of delivering services. 2) Coordination of all EMS communication links, with police, fire, emergency vehicles, and other related services.	2	1	2	
SUBTOTAL	XXX	XXX	10	

INSTRUCTIONS FOR 90/10 PERCENT STATE EMS RURAL MATCHING GRANTS:

Applicant Information

1. Explain the problem.
2. Explain why the resources you are requesting will resolve the problem.

Evaluation of the Application

The likelihood, based upon the information provided by the applicant, in the next 12 months the lives and health of the population being served will be adversely affected without the requested resources. Scores between 0 and 5 may also be used (e.g. .5, 1.25, 2.0, 2.5, 3.5, 4, 4.5, etc.), but none greater than 5.

- 5 High
- 3 Medium
- 1 Low
- 0 Not sufficiently established in the information provided

Explanation for assigned score.

Note: If there are tie scores among applications and it affects whether or not which ones will be offered funding, the following priorities will prevail among the affected tie scores:

1. Medical equipment used at emergency scenes.
2. Rescue equipment used at emergency scenes.

3. Injury prevention.
4. Communications equipment.
5. EMS staff training.

FINANCIAL AND COMPLIANCE AUDIT REQUIREMENTS

This section is applicable to all grantees. An audit, performed in accordance with Section 215.97, F.S., performed by the Auditor General shall satisfy the requirement of this attachment.

STATE FUNDED

The grantee agrees to have an annual financial audit performed by independent auditors in accordance with the current Government Auditing Standards issued by the Comptroller General of the United States. Such audits shall cover the entire organization for the organization's fiscal year. The scope of the audit performed shall cover the financial statements and include reports on internal control and compliance. The reporting package shall include a schedule that discloses the amount of expenditures and/or receipts by grant number for each grant with the Department in effect during the audit period.

Compliance findings related to grants with the Department shall be based on the grant requirements, including any rules, regulations, or statutes referenced in the grant. All questioned costs and liabilities due to the Department shall be fully disclosed in the audit report with reference to the Department grant involved.

CONDITIONS APPLICABLE TO FOR-PROFIT ORGANIZATIONS

The method of payment to for-profit organizations is cost reimbursement. For-profit organizations shall request reimbursement as follows:

1. Submit reimbursement requests to the Department accompanied by signed invoices and copies of both sides of the payment checks. If the grantee doesn't regularly receive copies of checks from its financial institution, the Department may accept other documentation evidencing payment.

The invoices must clearly indicate the service or product delivered, date delivered, date paid, item cost, total cost, and the person receiving the service or product.

2. A copy of the approved budget must be in the reimbursement material. The grantee must show which item in the budget corresponds to each item in the reimbursement form. Every item on the reimbursement form must be identical to or clearly included under the approved budget items.
3. The grantee shall submit invoices for personnel services and fees on a time/rate basis. The invoices must identify each individual by name, state the services provided, the time period covered by the invoice, and the hourly rate and number of hours worked for each individual. Appropriate time sheets or time logs must accompany the invoice.

4. The grantee must submit a final invoice for payment to the Department within 40 days after the grant ends or is terminated. If the grantee fails to comply and does not obtain a written waiver from the Department, all rights to payment are forfeited.

SECTION 215.97 F. S. (GRANTS AND AIDS APPROPRIATION)

If the grantee receives funds from a grants and aids appropriation, the grantee shall have an audit, or submit an attestation statement, in accordance with Section 215.97, F. S. The audit report shall include a schedule of financial assistance, which discloses each state grant by number and indicates which grants are funded from state grants and aids appropriations. The grantee has "received" funds when it has obtained cash from the Department or when it has incurred reimbursable expenses.

The grantee agrees to submit the required reports.

SUBMISSION OF AUDIT REPORTS

Copies of the audit report and any management letter by the independent auditors, or attestation statement, required by this attachment shall be submitted within 180 days after the end of the grantee's fiscal year to the following, unless otherwise required by F. S.:

- A. Send one copy to:
Florida Department of Health
Contract Administrative Monitoring Unit
4052 Bald Cypress Way, BIN B01
Tallahassee, Florida 32399-1729
- B. Submit to this address only those audits performed or attestation statements prepared in accordance with Section 215.97, F. S.:

Send two copies to:
Auditor General's Office
Local Government Audits/342
Claude Pepper Building, Room 401
111 West Madison Street
Tallahassee, Florida 32399-1450
- C. Do not send this report to the state Bureau of EMS.

RECORDS RETENTION

The grantee shall ensure that audit working papers are made available to the Department, or its designee, upon request for a period of six years from the date the audit report is issued, unless extended in writing by the Department.

DISALLOWED EXPENDITURES

No expenditures are allowable as grant costs unless they are clearly specified as a line item in the approved grant budget, including approved change requests, or are clearly included under an existing line item.

Any disallowed EMS grant expenditure shall be returned to the Department by the grantee within 40 days after the Department's notification. The costs of disallowed items are the responsibility of the grantee.

VEHICLES AND EQUIPMENT

The grantee shall own all items, including vehicles and equipment purchased with the state EMS grant funds, unless otherwise described in the approved grant application. The grantee shall clearly document the assignment of equipment ownership and usage; and maintain these documents so they are available to the Department. The owner of the vehicle shall be responsible for the proper insurance, licensing and, permitting and maintenance. All equipment purchased with grant funds shall continue to be used for pre-hospital EMS or the purpose for which it was purchased throughout its useful life. When any grant-funded equipment is no longer usable, it may be sold for scrap or disposed of in the customary procedure of the receiving agency.

TRANSFER OF PROPERTY

A private organization owning any equipment funded through the grant program in whole or in part, and purchased that equipment to provide services for a municipality, county or other public agency ceasing operation within five years of the ending date of a grant awarded to the organization, shall transfer the equipment or other items to the local agency. There shall be no cost to the recipient organization. This provision is applicable when services cease operating due to a contract ending as well as any other reason.

REQUESTS FOR CHANGE

After a grant has been awarded, all requests for change shall be on DH Form 1684C EMS Grant Program Change Request, December 2008. The grantee shall obtain written approval from the Department prior to making the requested changes. The following changes must be requested:

1. Extension of the grant's ending date. If an extension is being requested, the proposed new ending date shall be identified in the request. The grant extension request shall be received by the Department prior to the ending date indicated in the award letter.
2. Changes in the project activities.
3. Redistribution of the funds between entities or equipment approved.
4. Establishing a new line item in the budget.
5. Changing a salary rate more than 10%.

EARLY ENDING DATE

If the project accomplishes the listed objectives and all funds have been expended, the grantee may request that the grant be closed prior to the ending date indicated in the award letter. The grantee shall submit a final expenditure report and a written narrative description of the grant activities and the impact the purchase or training had on the delivery of EMS.

SUPPLANTING FUNDS

The applicant cannot propose to use grant funds to supplant or replace any county or other funding source. Funds received under the county award grant program cannot be used to fulfill the matching requirement for the matching grant program.

DEPOSIT OF FUNDS

Matching grant funds provided to an applicant shall be deposited in a separate account and any interest earned shall be returned to the Department with the final report. All interest earned shall be documented on the required reports.

REPORTS

Each grantee shall submit two reports to the Department. The due dates for the required reports shall be specified in the letter from the Department notifying the grantee of the grant award. These reports shall include, at a minimum, a narrative of the activities completed or the progress of grant activities during the reporting period. A report shall be submitted by the due date whether or not any action or expenditures have occurred.

GRANT SIGNATURE

The authorized individual listed on page one of the application shall sign each original application. Should this not be possible before the due date, a letter shall be submitted to the Department explaining why and when the signed application shall be received. The Department shall receive the signed application no less than 5 working days prior to the grant review team meeting, published in the FAW.

RECORDS

The grantee shall maintain financial and other documents related to the grant to support all revenue and expenditures. A file shall be maintained by the grantee, which includes a copy of the "Notice of Grant Award" letter, a copy of the application and department approved budget and a copy of all approved changes.

FINAL REPORTS

Within 120 days of the grant ending date a final report shall be submitted to the Department. The final report shall at a minimum contain a narrative describing the activities conducted including any bid or purchasing process and a copy of all invoices, canceled checks relating to the purchase of any equipment and supplies. If the activity funded was for training a list of all individuals receiving the training shall be submitted along with the dates, times and location of

the training. If the grant was for training to be obtained by staff then a copy of all invoices and payment documents for the training shall also be submitted.

COMMUNICATIONS EQUIPMENT

The grantee shall have all communications activities, services, and equipment approved in writing by the Department of Management Services, Information Technology Program (ITP). The approval shall be dated after the beginning date of the grant. Any commitment to purchase the requested equipment and service shall also be dated after the beginning date of the grant.

EXPENDITURES

No expenditures may be incurred prior to the grant starting date or after the grant ending date.

CREDIT STATEMENT

The grantee ensures that where activities supported by this grant produce original writing, sound recording, pictorial reproductions, drawings or other graphic representations and works of any other nature, notices, informational pamphlets, press releases, advertisements, descriptions of the sponsorship of the program, research reports, and similar public notices prepared and released by the provider shall include the statement:

“Sponsored by [Your Organization's Name] and the State of Florida, Department of Health, Bureau of Emergency Medical Services.”

If the sponsorship reference is in written or other visual material, the words, “State of Florida, Department of Health, Bureau of Emergency Medical Services” shall appear in the same size letter or type as the name of the grantee's organization.

One complimentary copy of all such materials shall be sent to the Department within three weeks of their reproduction and delivery to the grantee.

If the proper credit statement is not included, or if a copy of each item produced is not provided to the Department within three weeks, the cost for any such materials produced shall be disallowed.

Where activities supported by this grant produce writing, sound recordings, pictorial reproductions, drawings, or other graphic representations and works of any similar nature, the Department has the right to use, duplicate and disclose such materials in whole or in part, in any manner or purpose whatsoever and others acting on behalf of the Department. If the materials so developed are subject to copyright, trademark, or patent, legal title and every right, interest, claim, or demand of any kind in and to any patent, trademark or copyright, or application for the same, will vest in the State of Florida, Department of State, for the exclusive use and benefits of the state. Pursuant to section 286.02 (1), F.S., no person, firm or corporation, including parties to this grant, shall be entitled to use the copyright, patent or trademark without the prior written consent of the Department of State.